



## CONNECTICUT WOMEN'S HEALTH CAMPAIGN

c/o Permanent Commission on the Status of Women  
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### The Connecticut Women's Health Campaign

African American Affairs Commission  
American Heart Association  
Celebrate Women at UCONN Health Center  
Children's Health Council  
CT Association for Human Services  
CT Association of School Based Health Care  
CT Breast Cancer Coalition, Inc.  
CT Children's Health Project  
CT Chronic Fatigue Immune Dysfunction and Fibromyalgia Assoc.  
CT Citizen's Action Group  
CT Coalition Against Domestic Violence  
CT Coalition for Choice  
CT Community Care, Inc.  
CT Legal Rights Project  
CT NARAL  
CT NOW  
CT Sexual Assault Crisis Services  
CT Women and Disability Network, Inc.  
CT Women's Consortium, Inc.  
Disability Services, City of New Haven  
Hartford College for Women  
Institute for Community Research  
Latino and Puerto Rican Affairs Commission  
National Association of Social Workers-CT Chapter  
National Council of Jewish Women  
National Ovarian Cancer Coalition CT  
Office for Women in Medicine, Yale University  
Older Women's League of NWCT  
Permanent Commission on the Status of Women  
Planned Parenthood of CT, Inc.  
Quinnipiac University Department of Nursing  
Ruthe Boyea Women's Center, Central CT State University  
UCONN School of Allied Health  
UCONN Women's Center  
Urban League of Greater Hartford, Inc.  
Valley Women's Health Access Program  
Women & Family Life Center

## Widespread Use and Availability of Emergency Contraception (EC) Could Prevent More than Half of All Unintended Pregnancies and Abortions in the U.S.

The Connecticut Women's Health Campaign (CWHC) supports the access of women to the full range of reproductive health care services. To achieve this goal, women must be assured of receiving accurate medical information and access to all medically appropriate treatment and prescriptions, including emergency contraception.

### The Problem

- Too few women know about and use emergency contraception: 89% of women aged 18-44 have not heard of or do not know the key facts about emergency contraception (EC). (NARAL Foundation, [www.naral.org](http://www.naral.org))
- Even if women know about EC, there seems to be confusion regarding what it is and whether it is safe and effective. Some women have been led to believe that EC will cause an abortion, which it does not, and that it is not safe, which it is.
- Although polls show that nearly 100% of OB/GYNs believe emergency contraception pills (ECP) are safe and effective, only 24% prescribe them on a regular basis. This may be due to the fact that clinicians do not routinely discuss ECP's with patients. Since most patients also are not aware of emergency contraception, they do not ask doctors to provide it. (NARAL Foundation, [www.naral.org](http://www.naral.org))
- In addition, anti-choice policies restrict women's access to EC. For example, nationally, 82% of Catholic hospitals do not provide EC, even to women who have been raped. (NARAL Foundation, [www.naral.org](http://www.naral.org))

### What Can Be Done?

Since too few women know about the use of EC, an ongoing and visible educational effort must be made by doctors, clinics, (including those on colleges and universities), and reproductive rights organizations to educate women about the effectiveness and accessibility of ECPs.

- Policymakers must also understand the definition of EC, its successful preventative effectiveness for unintended pregnancy and its safety in order to prevent anti-choice policies to restrict accessibility.
- The American College of Obstetricians and Gynecologists (ACOG) has called for all clinicians to provide advance prescriptions of EC to women during their routine gynecological visits. Because of the time sensitive nature of ECPs, prescriptions given in advance will improve patient access and options. (*Physicians for Reproductive Choice and Health*, 2002)
- Not all pharmacies stock the two dedicated ECPs. Since ECPs must be taken as soon as possible, clinicians should identify the pharmacies that stock these products in advance and encourage others to begin stocking them. (*Physicians for Reproductive Choice and Health*, 2002)
- Properly trained staff should be able to recognize when a women requesting ECPs has been sexually assaulted and know how to provide compassionate, sensitive care counseling and referrals. (*Physicians for Reproductive Choice and Health*, 2002)

## The Facts

- **Emergency contraception has been available for more than 25 years and could prevent 1.7 million unintended pregnancies and 800,000 abortions each year in the U.S.** It is a safe and effective method of contraception, and women who have used it report high levels of satisfaction. A recent study of 235 women who had used ECPs found that the overwhelming majority — 91 percent — were satisfied with the method, and 97 percent would recommend it to friends and family. These women also reported that they did *not* intend to substitute ECPs for regular contraceptive use (Harvey *et al.*, 1999).
- **Emergency Contraception Is Not a "Morning-After Pill."** Emergency Contraceptive Pills (ECPs) contain hormones that reduce the risk of pregnancy when taken in two doses, 12 hours apart, after unprotected intercourse. Studies have shown ECPs reduce the risk of pregnancy when started within 120 hours of unprotected intercourse, but the sooner the dosing begins, the more effective the treatment.
- **Emergency Contraception is a Safe Backup Method of Birth Control.** Millions of women around the world have used ECPs safely and effectively (Glasier, 1997; Guillebaud, 1998). ECPs are less effective than the most popular precoital methods of contraception, and in general practice, women only turn to ECPs in emergencies — as a backup to their usual birth control method. Almost every woman who needs emergency contraception can safely use ECPs — even women with contraindications to the ongoing use of oral contraceptives may use them (Guillebaud, 1998; Van Look & Stewart, 1998). ECPs should not be used by women who are already pregnant, not because the pills are thought to be harmful, but because they are ineffective at terminating established pregnancies (Van Look & Stewart, 1998).
- **Emergency Contraception Is Not Abortion.** Emergency contraception cannot end a pregnancy. According to the Food and Drug Administration (FDA), "Emergency contraceptive pills are not effective if the woman is pregnant; they act by delaying or inhibiting ovulation, and/or altering tubal transport of sperm and/or ova (thereby inhibiting fertilization), and/or altering the endometrium (thereby inhibiting implantation)" (FDA, 1997). A recent study found that most often, ECPs reduce the risk of pregnancy by inhibiting ovulation (Marions, et al., 2002). Emergency contraception reduces the risk of pregnancy and helps prevent the need for abortion; it itself is not a form of abortion (Grimes, 1997; Guillebaud, 1998; Hughes, 1972; Van Look & Stewart, 1998).
- **Survey Shows High Levels of Support for Increased Access to Emergency Contraception in the U.S.** A recent survey conducted on behalf of the Reproductive Health Technologies Project found widespread support for emergency contraception among voters and licensed pharmacists in New Jersey and Oregon. Among its findings, approximately 60-70 percent of voters and pharmacists, support the idea of emergency contraception being widely available.
- **Widespread Use and Availability of Emergency Contraception Could Prevent More than Half of All Unintended Pregnancies and Abortions in the U.S.** Forty-two million, or seven in 10 women of reproductive

age, are sexually active and do not want to become pregnant. Nearly half of America's 6.3 million annual pregnancies are accidental. Unintended pregnancies result in 1.4 million abortions annually, as well as 1.2 million births that women either did not want to have until later or did not want at all (AGI, 2000). Eighty percent of teen pregnancies are unintended, and each year, one in 10 young women aged 15-19 become pregnant; more than half become mothers (AGI, 1999). Widespread use of emergency contraception could prevent an estimated 1.7 million unintended pregnancies and 800,000 abortions each year (Glasier & Baird, 1998; Van Look & Stewart, 1998).

### For additional information, contact:

A list of providers can be obtained by calling: 1-888-NOT-2 LATE or by visiting <http://not-2-late.com>. Both the hotline and website are free and operate 24 hours a day. (Physicians for Reproductive Choice and Health, 2002)

Planned Parenthood of CT  
129 Whitney Avenue  
New Haven, CT 06510  
203-865-5158  
[www.ppct.org](http://www.ppct.org)

CT NARAL  
135 Broad Street  
Hartford, CT 06105  
860-524-1086  
[info@ctnaral.org](mailto:info@ctnaral.org)  
[www.ctnaral.org](http://www.ctnaral.org)

NARAL-National Abortion and Reproductive Rights  
Action League  
[www.naral.org](http://www.naral.org)

### Endnotes

- NARAL Foundation; 1156 15<sup>th</sup> Street, NW, Washington, DC 20005; [www.naral.org](http://www.naral.org)
- Physicians for Reproductive Choice and Health, 2002, [www.prch.org](http://www.prch.org)
- "Advocates Testify at the FDA in Support of Making Emergency Contraceptive Pills Available Over-the-Counter." (2000, June 30). PR Newswire.
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- \_\_\_\_\_. (1999, accessed 2000, February 9). *Issues in Brief: Contraception Counts: State-by-State Information* [Online]. <http://www.agi-usa.org/pubs/ib22.html>.
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- RHTP — Reproductive Health Technologies Project. (2000). *A Survey Among the General Public and Licensed Pharmacists in New Jersey and Oregon Conducted on Behalf of RHTP*. Washington, DC: Peter D. Hart Research Associates.
- Van Look, Paul F.A. & Felicia Stewart. (1998). "Emergency Contraception." Pp. 277-295 in Robert A. Hatcher et al., eds., *Contraceptive Technology*, 17th edition. New York: Ardent Media.

